

CLAIMS ONLY							Application Number 10709396	Filing Date				
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	I						51					
2		I					52	I				
3		I					53	I				
4		I					54	I				
5	I						55	I				
6		I					56	I				
7	I						57	I				
8		I					58	I				
9		I					59					
10	I						60					
11		I					61					
12		I					62					
13		I					63					
14	I						64					
15		I					65					
16	I						66					
17		I					67					
18	I						68					
19	I						69					
20		I					70					
21		I					71					
22		I					72					
23	I						73					
24		I					74					
25		I					75					
26	I						76					
27		I					77					
28		I					78					
29		I					79					
30	I						80					
31		I					81					
32		I					82					
33		I					83					
34	I						84					
35		I					85					
36		I					86					
37	I						87					
38		I					88					
39		I					89					
40	I						90					
41	I						91					
42		I					92					
43		I					93					
44		I					94					
45	I						95					
46		I					96					
47	I						97					
48		I					98					
49	I						99					
50	I						100					
Total Indep							Total Indep	24				
Total Depend							Total Depend	34				
Total Claims							Total Claims	58				